2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005785

1. Entity Name
LA ROMANA EMERGENCY RELIEF FUND, INC.

Principal Place of Business
5900 NORTH ANDREWS AVE., STE 1000
FORT LAUDERDALE, FL 33309

Mailing Address
5900 NORTH ANDREWS AVE., STE 1000
FORT LAUDERDALE, FL 33309

01192006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0867290
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ODDO, ROBERT
STREET ADDRESS	4410 N STATE RD 7, STE 100, BLDG J
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	VPD
NAME	FOLZ, THEO W
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	SD
NAME	ELLIS, GARY R
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	PD
NAME	AIELLO, MELISSA
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-80026-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #